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TABLE OF CONTENTS.

NUMBER
3

HOMOEOPATHIC MATERIA MEDICA—	Page
Homoeopathic Remedies, by J. Henry Allen, M. D., Chicago, Illinois	83
SPECIAL ARTICLE—	
The Care and Hygiene of the Skin, by Ralph Bernstein, M. D., Philadelphia, Pa.	92
ORIGINAL ARTICLES—	
Infant Feeding, by J. B. Brown, M. D., Denver, Colo.	96
CONTRIBUTED—	
Don't "Swat the Fly," by J. W. Hodge, M. D., Niagara Falls, N. Y.	100
WITH THE ASSOCIATE EDITOR—	
Homoeopathy Declining	105
The Second Prescription, by Tyler Kent, M. D., Chicago, Ill.	106
No Danger of Medical Tyranny	110
Is Your Body Your Own? Medical Freedom	111
EDITORIAL—	
Denver Preparing for the Institute	112
Compulsory Medicine Madness	113
Pre-Convention Plans	114
MISCELLANEOUS—	
Short and Snappy News Notes and Personals	115
Diabetis-Mellitus	116
Pennsylvania State Notes for March, Ralph Bernstein, M. D.	116
READING NOTICES—	
Brief Bits for Busy Doctors	121

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HOMOEOPATHIC MATERIA MEDICA



FRAGARIA (THE STRAWBERRY.)

BY J. HENRY ALLEN, M. D.



WE PREPARE a tincture from the ripe fruit. We get the English verb "stray" from the wandering habits of this plant. The *fragaria* belongs to a genus of plants known as "rosaceae," which is as fragrant as its name. The cultivation of this fruit is carried on extensively in Great Britain and Belgium as well as in this country.

Bryonia is one of the best remedies we have to antidote the bad effects from eating this fruit, although a potency of the *fragaria* itself will frequently do the work. Some people cannot eat strawberries; they are poisonous to them. They produce a nettle rash, pruritis, gastric symptoms, sour vomiting, hives and an erythematous eruption resembling scarlet fever. Milk or cream should not be used on them when eating them. They should be simply sweetened with sugar. The chemical action of the strawberry on milk or cream tends to curdle the milk and produce an indigestible mass in the stomach. This remedy has been accused of producing ulcer of the stomach, cancer and many other dreadful maladies. We believe, however, that these diseases comes from a deeper origin, far remote at least from any food product.

In some people the eating of the fruit produces a violent colic; in others, great distention of the stomach and sour vomiting, which gives immediate relief. They have produced a swelling of the tongue so great that it hung from the mouth. They may have acid eructations tasting also of the fruit, or urticaria all over the body. Worse on the chest. This is accompanied with a biting, itching, and red rash over the entire body after eating the fruit. (Patients with tubercular diathesis.) Dark blue petechial spots, face as red as if they had a mild case of erysipelas.

FERRUM IODATUM.

THIS PREPARATION OF IRON may be thought of in dark complexioned chlorotic patients where the tubercular element shows clearly the ferrum picture. The glands

are more apt to be involved in this remedy. It has cured eczema of the face when the cervical glands were hard and swollen. The body shows more emaciation than in other preparations of ferrum. The face may look red and infected. It cures a nasal catarrh with a thick, yellowish-green discharge. The nose may be swollen with thick crusts inside, and tongue coated with a heavy, thick, yellow coating.

It has cured albuminuria with oedema of the lower extremities and complete prolapsus or displacement of uterus, with a disagreeable pressure on the rectum when standing. It has also cured a copious yellowish-watery leucorrhoea, with constant bearing down as if something was coming away, and itching and soreness of the vulva and vagina, with the parts much swollen. The leucorrhoea is like boiled starch, albuminous. The catarrhal discharge is worse in a warm room. Another symptom is a sensation as of worms in the anus or a screwing sensation in the rectum. It may be indicated in the early stages of cancer when the patient is chlorotic, the leucorrhoea so copious that it seems as if it would drown the patient; besides we have the enlarged cervical or inguinal glands; the yellow spots on the skin, the emaciation present.

Diseases.—Cancer, eczema, lichen, urticaria, ovarian dropsy, albuminuria and prolapsus uteri.

GAULTHERIA.

ON EATING of the berries of this plant, the breath is perfumed with a delightful fragrance for many hours after eating them. Eating of the leaves causes a biting sensation at the end of the tongue and a flow of saliva. Yet the tongue feels very dry and rough. The juice of the leaves produces a hot feeling in the mouth, which is relieved by opening the mouth and allowing the cool air in. Rinsing the mouth with cold water aggravates the hot feeling (*bel.*).

In cases poisoned by this drug, the pupils are contracted, the mind dull and stupid. In marked cases the patient is drowsy with delirium and hallucinations of sight and hearing. There is headache with noises in the ears as if bees were buzzing. The tongue is dry, feels rough and swollen with a desire to put it out to cool it. The fauces are contracted and cannot swallow good; worse from water. Patient cannot speak plainly and respiration is labored and quick, and the carotids beat and throb. The extremities are often cold, while the skin over the rest of the body is hot.

It often suppresses pain or drives it from the place when

applied locally in the tincture or oil. It is so volatile that when applied locally on any part of the body, it produces an agreeable, cool sensation like ether, yet at the same time the surface of the skin is smarting, biting and burning from it. It then becomes a counter irritant, relieving but temporarily the former trouble. In the skin it produces an intense erythema or dermatitis with that cool sensation, and the above symptoms of smarting, biting and burning like fire are aggravated by cool bathing and relieved by olive oil, and letting the cool air blow on it.

The smarting and burning of the skin produces faintness, nausea and a feeling as if they would die, so unendurable is the sensation. Children scream with the pain as from a burn. It follows *cantharis* in burns. It is also useful in acute dermatitis of children, with the smarting and burning peculiar to this remedy and the relief from cool air blowing on it.

It is said to contain *salicylic acid*, which is a palliative to rheumatism, hence its abusive use by the allopathic school in that disease.

GENISTA.

THE VERTIGO OF THIS REMEDY resembles *bryonia*, as it is worse on rising, moving or shaking the head. It is relieved in the open air like *pulsatilla*, and it is better after eating. (The vertigo almost approaches faintness.) It has a frontal headache, dull and heavy, and is relieved by eating and walking in the open air. The brain feels loose, the head tender and sensitive after pain. The pain is sharp in the left temple. During the night the throat is very dry and the patient is awakened frequently with water brash. The stool is soft and scanty with an urgent desire.

Skin.—An eruption of dark red spots appear on the elbows, knees and ankles. Itching is severe, and the eruption becomes scarlet where scratched.

Amelioration when walking in the open air or sitting in cool room.

GELSEMIUM.

WE HAVE A GOOD PROVING of this wonderful remedy. Its use reaches as far back as 1853 when Dr. Henry began a proving of it. Dr. Joshua Stone, Dr. Payne and Dr. Douglas were among the earlier users of *gelsemium*.

The majority of provers first noticed the feeling of intoxication, a dullness of the mental faculties, a relaxation and

prostration of the whole muscular system. There is a general dullness of the mental faculties; cannot connect ideas or follow them any length of time. It becomes a kind of paresis. In its fevers there is inability to fix attention for any length of time (*babtesia, arnica*). The confusion of the mind of this remedy is made worse by exercise or by moving. Every movement of this remedy is sluggish and slowed down. It is just the reverse to *aconite* and *belladonna*, whose movements are quick, active and rapid, coming quickly to a climax.

Gelsemium never comes to a climax. In all the diseases calling for it, we have that downward movement of the life force. Great depression of spirits, a loss of co-ordination. Things seem scattered and don't come together right. In a few hours' sickness the patient loses his courage and becomes despondent, having great solicitude about his future. He has no desire for work or study; cannot bear even to think, it tires him and he drops back on his pillow tired and fatigued after the least exertion. This is clearly seen in both the mental and physical spheres. His symptoms all seem to emanate from the brain and spinal cord. Mental effort only shows the helplessness of the brain power. His desire is to be quiet, to be left alone. If annoyed he becomes irritable and sensitive.

In the vertigo of this remedy, the head feels light, the vision seems blurred, and objects indistinct; the mind dull and confused. The vertigo spreads toward the occiput. The headache begins either in the forehead or in the occiput, with a dull feeling and fullness in the region of the medulla. A sensation of weight or pressure on the brain is quite a general symptom in the headache of *gelsemium*. There is a morning headache with dimness of vision, or double vision; vertigo with heaviness; head feels too big. The face is dusky, red; pulse slow and full; mind stupid and drowsy.

Occipital headache in brain workers, or coming on from mental worry, grief, study or great mental effort; often accompanied with a diarrhoea; dull, heavy pain in the upper cervical region; nervous headache beginning in the upper spine or cervical region and extending forward. Patient finds himself getting blind, or the vision is blurred before the headache begins. Headache relieved by lying down and raising the head on a high pillow, or placing something hard on the back of the neck. Headache relieved by passing large quantities of pale colorless urine (*ignatia*). Worse lying

down or from vomiting; and worse about 10 a. m. and also from tobacco smoke.

Gelsemium has a severe neuralgic headache beginning in the upper part of the spinal cord, extending slowly to the cerebrum and terminating usually with a bursting pain in the forehead; worse 10 a. m., and lying down. It is often accompanied with nausea and vomiting, cold perspiration on the forehead, obscuration of sight, and frequently there is a sensation of a band drawn tightly around the head above the ears. The cervical vertebra are usually sensitive to pressure. It is relieved by profuse urination and by bending the head back, relieving the pressure in the cervical muscles.

In lagrippe we have orbital neuralgia coming on every day between 10 and 11 like *nat. mur.* It is sometimes facial. Is worse eating and lying down; study, change of weather, 10 a. m.

Gelsemium is a typical anti-sycotic. It will abort many cases of gonorrhoea in the beginning. It is indicated early when the patient suffers with backache, headache (occipital), general tired feeling with aching of the extremities and back, when the discharge is clear and scanty. If given later on, it does more harm than good.

Gelsemium is as sensitive to a falling barometer as *rhus tox.* It becomes a great winter remedy in this lake region of Chicago. Like *rhus*, cold and dampness bring on many of its complaints. It cures congestion, general inflammation of any of the organs, fevers, lagrippe, typhoid or the eruptive fevers when the symptoms calling for it are present. The febrile state may begin with any kind of a chill, generally beginning in the afternoon or evening. Chill with cold hands and feet; no thirst with chill and very little during fever, but thirst is often present during the sweating stage. Fever without a chill is common in *gelsemium*. Fever-flushed face, determination of blood to the head, pulse slow for the character of the fever, soft and full; hands and feet cold; limbs heavy; mild delirium. Patient sleepy, drowsy, muscular prostration; intellect dull; desire to be alone; to be quiet and keep warm.

Lagrippe.—Chill beginning with dull aching in the back and base of brain; face flushed and dusky; general aching over the whole body; pulse soft, full and slow for the temperature. (See tracings by Dr. Holden.) (Allen's Encyclopedia.) The heaviness of the limbs, the sudden general muscular prostration, the trembling of the limbs when he gets on

his feet and attempts to walk, greatly adds to its indication in fevers.

In typhoid fever the nervous symptoms predominate. The patient is drowsy and stupid with inability to think, and with incoherent talking. He falls asleep when answering questions (*bapt.*). He is so weak he cannot control his movements. The face is dusky as if intoxicated, the tongue trembles on putting it out (*lach.*). His hands tremble as he moves them about. The mouth is sticky, the skin hot and dry, eyelids drooping, heavy, and cannot keep them open. Lips dry, parched and covered with sores. Great prostration of the vital forces; ideas unconnected, wandering in his delirium; twitching of the muscles; vision indistinct or double; everything vacant in the mind. Fever rises every morning, but seldom above 102 or 103 and lower toward evening.

In low forms of fever calling for this remedy, we find fear of death, lack of courage, much weakness of the limbs when attempting to use them. The tongue even trembles when the patient puts it out. Children have a fear of falling when lifted from the bed, so that they grasp the nurse (*borax, san.*). There is lack of muscular co-ordination; they will not obey the will; they also have momentary loss of sight; vertigo as if intoxicated, and the mind is easily confused. We advise the use of the higher potencies on these symptoms. The third potency or anything below the 30th is harmful in many cases, as there is a strong tendency toward suppression.

We have quite a marked periodicity in the chill of *gelsemium*, which comes on daily at the same hour, usually at 10 a. m. (*bapt., nat.*). The chill is without thirst, beginning in hands and feet, then passing up the spine like cold waves. These symptoms are followed by a languid feeling in the back and limbs. Quite often the patient becomes sleepy as the fever begins to rise. Children have the chill so severe at times as to want to be held to keep them from shaking. The fever is followed by waves of heat as seen in the chill. Here again we find that fear of falling in children as they doze off during fever. They wake up with a scream and grasp the bed. There is no thirst until we come to the sweating stage. They sweat freely on exertion and free perspiration relieves the pains. The tongue is coated yellowish white with reddish margins. The taste is bitter. Great muscular or physical prostration follows almost all diseases.

Fevers or diarrhoea may have their origin in this remedy in sudden mental emotions, such as fear, great joy or good or bad news. Other aggravations are damp weather, before a thunder storm, smoking tobacco or thinking of his ailments and troubles. Like *aconite* or *belladonna* the complaints of *gelsemium* come on without a moment's warning; within an hour they are very sick, and they react from disease very slowly; prostration lingers. Many of the *gelsemium* complaints, such as cold, fever or lagrippe, come on in mild, damp weather, and usually in winter. It is found frequently in those who have a hereditary syctic taint. Coming on in cold, dry, sharp weather we think of *aconite*, *bell.* and *bry.*

The *gelsemium* patient suffers with a great deal of nervous excitement. He has complaints coming on from fear or sudden surprise. The preparation for an examination in his school or college work will throw him into bed for days, from nervous exhaustion or prostration, or will induce a severe diarrhoea. It often produces a sort of paralysis of the sphincter, causing involuntary stool or urination, with aching along the spine; also muscular prostration with aching in the back under the shoulder blades and cramping of the muscles.

He suffers with flying rheumatic pains that are accompanied with soreness, stiffness and muscular prostration like *arnica*. It produces neuralgia from over-exertion, causing lameness and stiffness similar to *rhus tox*, but it is not relieved by motion like *rhus*. The rheumatism is often confined to the back, spine, shoulders and occiput.

Skin Symptoms.—In fevers the skin is hot, dry and dusky-colored. There is much involuntary twitching of the muscles in fevers. It is indicated in measles where the aching of the muscles and the muscular prostration is prominent. Fever in children with drowsiness, dullness of intellect; clinging to the crib, or to the nurse as they are falling to sleep; dry teasing cough with marked catarrhal symptoms; sneezing and watery excoriating discharge from the nose. It often prevents the bronchitis or coughs that follows in measles (*bry*).

Eruptions turn livid and cerebral symptoms are prone to develop in children. Similar symptoms may call your attention to it in scarlet fever. It is called for more frequently in thin, dark-eyed, black-haired, bilious temperaments.

GENTIANA CRUCIATA.

(PROVING FROM LOWER POTENCIES.)

WHIRLING VERTIGO with headache as if the brain were constricted; with the headache there is more or less confusion of the mind and an inclination to talk.

Eyes.—A pressing inward sensation, and as if covered with a veil when reading. The throat seems constricted and there is a constant desire to hawk up a tenacious tightly adherent mucus. Swallowing is difficult and accompanied with the sensation of constriction, and stitching pains in the tonsils. The eructations are sour and taste of the drug. There is great nausea with the sensation of constriction, and a desire to lie down with the nausea and vomiting. Sensation of pressure in the stomach or of a stone there. Great distention, fullness and tightness in the abdomen. The constriction that runs throughout the proving was also present in the abdomen. Constant desire to stool, violent urging at rectum with frequent passages of yellow water. Stool pasty; menses three days, with the headache and constriction about the head.

GENTIANA LUTEA.

HEAD.—Head feels dull, heavy as if enlarged with much confusion of the mind and pressure in the temples and forehead. The rawness and constriction in the throat is quite as marked as in *gentiana cruciata*. There was more swelling and constriction in the throat perhaps than in this remedy just mentioned.

The stomach and bowel symptoms do not vary much. They have the same fullness; tension and constriction with much flatulence; cutting colic and passages of offensive flatus (*lyc.*).

GETTYSBURG WATER.

DR. S. SWAN prepared this remedy by evaporating the water to dryness and tincturing the residuum. We have a proving made with the tincture, and the potencies up to the 40th, which were prepared by Fincke.

In the mental symptoms we have great depression of spirits, with an aversion for study or any mental work whatever (*picric acid*). There was a pulsating pain on the vertex for hours after taking the medicine. The flow of saliva was increased, the tongue became gummy and coated very white. Much frothy stringy mucus forms in the throat, which is tough and transparent. It comes more from the posterior

nares. It could be drawn out in strings like the *kali's*. The whole surface of the throat, fauces, uvula and pharynx was raw, sore and inflamed. Desires only milk or water. The urine is highly colored, depositing a red sandy sediment. All sexual sensation is greatly depressed and organs of the male relaxed.

A rigidity in the muscles of the neck was noticed all throughout the proving. Rigidity in the left arm, also in the lumbar region of the spine. It was also noticed in the right shoulder and thumb of the right hand. This rigidity was peculiar, as it occurred only at the insertion of the muscles; though it sometimes extended down the arm or limb, it was more painful at the point of insertion. The arms and hands are helpless; can be moved only with pain and difficulty.

A puffiness was noticed about the joints, especially the wrists and knuckles. The symptoms in general show a well defined sub-acute gouty state of the whole system. The joints are weak, more noticeable in the wrists and fingers. The power to lift things is so weakened that it is not only impossible to lift light weights, but is unable to grasp or hold on to things. This stiffness was noticed more in the morning and when attempting to exercise or use the muscles.

Case.—Great stiffness and constriction in right shoulder; lifting a book or turning the door knob was painful. The hands and wrists were puffy, swollen with loss of power to lift anything. There was rigidity of the ligaments and muscular insertions about the hips, knees, feet and fingers.

This almost unknown remedy will prove very useful in the gouty stage of sycosis, especially that form coming on after the climacteric period in women.

In one prover the left foot became greatly swollen, hot and sensitive. This during the night extended to the great toe, and was accompanied with a sensation as if dislocated. This latter group of symptoms came on about the 25th day after the proving. Uneasy feeling all over the body due to a sense of discomfort; worse after 1 a. m. Restless during the after part of the night on account of not being able to find an easy comfortable position (*rhus*).

Skin Symptoms.—Burning spot the size of a dollar in the palm of the right hand. Puffy appearance of the joints; inflamed spots on the tibia, knee and great toe joint; better lying quiet; worse moving, stooping or rising from bed; worse thinking of symptoms.



SPECIAL ARTICLES



THE CARE AND HYGIENE OF THE SKIN.

BY RALPH BERNSTEIN, M. D., PHILADELPHIA, PA.



HE SKIN is an organ true and simple; it has functions which are important; it breathes just as normally and as naturally as the lungs; it furthermore secretes the bodily poisons which it gets rid of in nature's own way through the means of perspiration, and thereby assists the kidneys in their daily function of eliminating the bodily toxins.

Since the bodily toxins are more than responsible for many of the bodily ills, as well as the skin ills, we can readily see how important it is that the skin should receive proper care and should have proper hygienic surroundings. When the kidneys are diseased, naturally the great burden and responsibility of getting rid of the bodily toxins is thrown upon the skin, so that a reciprocal relationship must always co-exist between these organs.

It is not to be forgotten that the healthy function of the skin glands is of paramount importance; they are engaged in the elimination of perspiration and in the production of sebum and oil, which demands that the skin must always be in healthy condition in order that the proper amount of oil may be secreted upon the skin especially during the rough and wintry weather, thus protecting it and preventing it from becoming harsh and dry.

It is important as well that the hands, if subjected to frequent washings, especially during the winter time, should be artificially supplied with oil to prevent such conditions, and I know of no better preparation than to use an emulsion of olive oil, which is a pleasing toilet article and at the same time acts most admirably in preventing such conditions, and is made of the following: Boric acid, zinc oxide, starch and glycerine, of each one drachm; lanolin, four drachms; olive oil and lime water of equal parts each to make eight fluid ounces; oil of bitter almonds, gtt. q. s. a. d.

This preparation has as well demonstrated its usefulness in any acute type of non-micro-organic skin disease, including intertrigo, eczemas of all types, erythemas of every description from a simple sunburn to dermatitis combustio. Where

there is a marked oozing condition present the addition of a drachm of bismuth subnitrate is decidedly beneficial. Dermatitis venenata responds most admirably to it. In all types of itching dermatoses one-half to one per cent of phenol should be added.

Naturally, since the skin breathes it must have plenty of air space, and I have always been an advocate of the open air bath for the skin, especially at the proper seasons of the year. There is no more beneficial hygienic procedure than the salt air bath which is to be had at the seashore during the summer time; so that an hour or so each day spent upon the beach in the warm sunshine and occasional dippings into the briny deep will be of marked assistance to the proper care of skin. If one cannot get to the seashore then a sun parlor in some secluded part of the house is of especial advantage in giving the skin the proper bathing which it should have.

Loose night garments are, of course, absolutely essential in order that the skin may breathe properly during the hours of repose; in fact, it is better for children and infants not to have any night garments on at all, but to be properly covered during the night so that cold air will not strike them. They will then certainly receive the proper amount of atmosphere about their bodies which will give them good skin health.

The question of proper under-garments naturally presents itself in the care and proper hygiene of the skin. While wool is advocated by many as an ideal garment, it is to be absolutely interdicted for many reasons. The first reason is that it is entirely too warm a covering; it is practically non-porous so that the skin has absolutely no chance to breathe whatever; and if under undue exercise the skin has occasion to perspire, it is at once absorbed by the woolen garments and unfortunately retained for a long period of time, so that if not immediately changed one is naturally apt to take cold.

Linen next presents itself as the best ideal covering for the skin as under-garments. Linen and cotton are absolutely the best bodily coverings to be thought of. They absorb moisture quickly and get rid of it just as quickly; they are porous—atmosphere is permitted to enter through them and in that way they act as an ideal covering and at the same time are practically just as warm as wool if the proper grade of linen or cotton is in the texture. Of course, lightly or loosely woven goods are to be preferred to those which are

closely woven, and underwear of the porous type made of cotton or linen is under all conditions the ideal under-garment.

Naturally the question arises with reference to the hygiene of the skin as to frequent ablutions. Some of the older dermatologists of the older schools have insisted from time immemorial that the human race bathes entirely too much. They advocate that a bath once or twice a year, whether needed or not, is sufficient, so that we, however, must be compelled to use our own judgment in the matter. True it is, however, that too frequent bathing has its harmful effects. The bodily oils are important because of their lubricating properties, so that eczemas and all sorts of various skin diseases are apt to follow. Cold plunge baths are of no especial benefit to the proper hygiene of the skin; in fact, they are distasteful to many, and a tepid shower bath, which takes but a moment or two, following by brisk rubbing with a rough towel, is preferable, as it stimulates cutaneous circulation and at the same time stimulates the oil glands to normal function and activity, and in that way again lubricating the skin and replacing the oils which have been washed off by the process of bathing.

Naturally, with the question of bathing comes the question of soap. Really, soaps are more than responsible for many attacks of skin ills. Soaps which are more or less free of alkali are always to be thought of. I know of no better soap than the pure castile soap made of olive oil, which is certainly non-irritating. While there are many fancy-priced soaps on the market, advocated by all sorts of advertisements extolling their qualities in street cars, magazines, etc., they are to be relegated to the background and the common-sense soap as previously mentioned to always be used.

Naturally, with the care of the skin one must consider the care of the scalp. Here water is absolutely detrimental to its welfare. The scalp should not be bathed more frequently than once in six or eight weeks under any circumstances, except, of course, considering the environment and the occupation. Each morning, for proper scalp health, the scalp should be brushed briskly with the proper brush for several minutes until a feeling of warmth is felt, which stimulates the circulation and at the same time removes any accumulated so-called dandruff which has presented itself.

The proper comb then presents itself and consists of a comb in which the teeth are wide apart, an absence of sharp cutting edges and rounded points. The fine-tooth comb

should never, never be used because of its tendency to irritate the scalp, especially in young babies. It is only to be used for the removal of nits should any such contingency arise in children which occasionally will happen even in the best of regulated families.

The reason for not using water on the scalp only at infrequent intervals is because of the fact that men, not having time to properly dry their scalps, more or less moisture is permitted to remain upon the scalp. Non-aerated stiff hats are applied to the scalp, therefore more or less heat is generated, and that in turn acting on the presumed dandruff, which is usually present in the great majority of people, a more than fertile soil is thereby made for the bacteria responsible for baldness to propagate themselves. In fact, stiff felt hats are never to be worn; the soft felt hats or caps always to be preferred, seeing that they are supplied with openings for areation both at the sides and top.

The pernicious habit of the free use of dusting powders, talcum powders, so-called after-bathing powders, and the like, are absolutely to be interdicted. The foolishness of it must appeal to all because we know how the bath assisted in removing the detritus and the material which clogs up the natural openings and pores of the skin; therefore, why again clog them up by dusting on or rubbing in so-called talcum and dusting powders. They serve absolutely no purpose, and they are of no advantage; but quite to the contrary, are a decided disadvantage to the welfare of the skin's health.

Skin diseases can clinically be divided into two great classes—those which are micro-organic and those which are non-micro-organic. Of course, the micro-organic type of skin diseases most naturally interest us from the standpoint of the proper care and hygiene of the skin.

House pets are more than a common source of contagion, especially among children, such as cats with the mange and dogs with various types of ring-worm. It is known that horses in themselves carry certain types of skin diseases which have been transmitted to men who work about the stables.

Children have the bad habit, and even grown-ups, of kissing their cats and dogs. Such pernicious habits must, of course, be absolutely prohibited. The common practice of children taking their pets, such as cats and dogs, to bed with them and being permitted to sleep under the same bed covering with them, is a most pernicious habit, and should be at once absolutely prohibited.



*INFANT FEEDING.

BY J. B. BROWN, M. D.



FEEDING THE INFANT artificially is one of the important arts of medicine. It is a subject that requires considerable study and individualizing if we expect to gain success. It is now receiving more attention than of former years, consequently more accurate methods of modification have been developed. If a babe is correctly nourished the first year of its life, it is pretty safe to assume that, under normal conditions, it will thrive and grow into robustness without showing any of the various defects and abnormalities that so often confront us today, provided, of course, they have a healthy inheritance. Statistics tell us that 25 per cent of all deaths occur in babies under one year of age. Sixty per cent of these are caused by gastro-enteritis, but one out of every seven deaths being breast fed. Owing to the economic conditions and unforeseen circumstances, there are thousands of babies born daily that are denied their birth-right, it therefore is our duty as physicians to select an artificial food which corresponds as nearly as possible to mother's milk.

This apparently seems a simple matter, but in actual practice proves to be a difficult problem to solve. No matter how carefully we prepare the milk, cream and water, unless the milk is clean and selected under strictly sanitary precautions, we fail in our efforts. Certified milk, when obtainable, of course, obviates or reduces these troubles to the minimum, but this cannot be obtained in every quarter, consequently after becoming exasperated in our efforts to use cow's milk, we are driven to the use of some commercial product with indifferent success. These foods, which seem inappropriate, especially during the first six months of infant life, are used successfully in many cases, and will be relied upon in the future to a certain extent unless our dairyman make it a specialty of producing clean milk. In my opinion herein lies the secret of infant feeding. The normal

*Colorado Homœopathic Society, 1912.

infant is fat, rosy, playful, seldom cries, full of vigor and animation, a most beautiful picture to behold, and a welcome guest in any normal home.

Babies breast fed, corresponding with the above description, show a high percentage of fat in their food, as this is the element that produces heat, energy and nervous force. Normal mother's milk contains 5 to 7 per cent fat; 1.82 per cent proteid; of this 1.25 per cent is albumen and 59 per cent casein.

Cow's milk contains 3 to 4 per cent fat; 3.41 per cent proteid; of this 53-100ths per cent is albumen and 2.88 per cent casein. To successfully substitute cow's milk for the infant, we must increase the fat and reduce the proteid elements so as to correspond as nearly as possible to mother's milk. At birth the infant pylorus is very small, consequently the casein of cow's milk must be highly emulsified, otherwise it cannot pass the pylorus, resulting in the child vomiting. Prof. Sherman, of Cornell, analyzed the physical behavior of different cream layers in bottled milk; he found when the upper layers of cream were mixed with water, lime-water and acidulated, they produced light, feathery flocks which float in solution and being not unlike mother's milk, readily passes the pylorus, whereas the deeper layers of cream, diluted the same, became tough and leathery owing to the coagulated casein. Prof. Winters has given us formulas after this method which are most satisfactory. Physiologists tell us that the infant's brain contains 8 per cent fat; the nerves 22 per cent and the marrow or blood making organs 96 per cent fat. The brain doubles its weight in two years.

The thin, pallid, anemic, poorly nourished, inanimate child shows a deficit of fat in its food, whether bottle or breast fed, and is the criterion for an increase of the fat percentage. This can readily be done if bottle-fed and a change in diet for the mother very often helps, provided otherwise healthy. The proteids are the growth constituents and though high at birth, 8.6 per cent, decrease rapidly up to the 14th day. The infant's stomach, though small at birth, increases rapidly up to the second month, when it produces expulsive and contractive power and a correspondingly developed pylorus. At this stage it can readily digest properly modified cow's milk. Every mother in health should nurse her child at least six weeks, otherwise an incomplete resolution. She is giving her babe what nature intended it

to have, a start in life that no artificial food can produce. She should, of course, keep on nursing the regular period if possible, but as the fat element decreases after a few months, a bottle of modified milk once per day the second month and twice per day afterwards, not only makes healthier babies, but saves the mother much annoyance and strength, at the same time makes weaning easier for all concerned. Milk modification, based upon caloric value has given good results by increasing and decreasing the amount of milk, sugar and water, according to the individual.

We seldom find a baby that does not thrive, but, of course, there are exceptions to this rule. In gastro-enteritis, after disintoxicating the alimentary canal, I almost invariably start feeding upon condensed milk, unless certified milk is obtainable. It is a loss of time, if not a life, to use other than certified or condensed milk in these conditions. Many times have I saved the child's life with this after practically every other food had failed. After the bowels become normal, we should gradually add cream to the condensed milk, gradually getting them on cow's milk entirely, otherwise a weakly child. We are all aware that there are thousands of babies today being raised upon condensed milk; some, perhaps, because they never were put upon a suitable modified milk; some because it is cheaper and easier prepared, and others from sheer necessity.

Though these babies apparently thrive, they should not be raised upon this food, otherwise a weak, flabby, anemic and pasty-appearing child. They are slow in teething, talking and walking; of low resistance, and without the pink, smiling, animated appearance of the well-fed child. Should they reach adolescence they have narrow, contracted chests and poorly developed craniums; the very antithesis of robustness—certainly not the kind that produces a hardy race.

The prepared foods, of which there are many on the market, are often resorted to. If pure cow's milk were always obtainable, there should be no demand for any other food for babies, especially during the first six months, but many times they thrive upon the prepared foods when cow's milk, which is either improperly modified or evidently polluted, fails. The cereals are admissible after the salivary glands develop; a little of either barley or oat meal added to each bottle after six or eight months of age, aids in making a strong, healthy child, and is good in regulating the bowels. The dextrinization of cereals in prepared foods seems to be

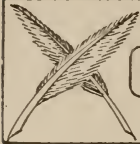
an advantage, aiding digestion and assimilation. The quality as well as the character of the milk used for infants must be carefully selected. Pure Alderney or Guernsey milk will not agree as well as a mixed herd; Holstein appears to be preferable.

The milk must be selected under strict sanitary conditions, cooled immediately to 40 degrees and kept at this temperature to avoid germ-growth. Milk carefully selected will not need pasteurizing or boiling, which makes it unfit for use. The thriving baby demands pure, fresh, raw milk.


In giving instructions for infant feeding, we must see that they are religiously carried out. No matter how careful the modification, or the purity of the milk, our efforts will be thwarted unless the nipples and bottles are made sweet and clean. It is also advisable that we go to the nursery and show the mother or nurse how to prepare the food, otherwise a faulty measure, skimmed milk, or other discrepancies will often occur. These little things seem like trifles to some mothers, but it is just these little things that produce failures. They should also be taught that the infant must be fed regularly, have a regular time for bathing and not be handled immediately after feeding. The room should be darkened and quiet. Water may be given occasionally, but not close to the feeding time. The child at birth has everything to learn and it is just as easy to teach it correctly as otherwise. Its wants are few, mostly food; give it every three hours the first day, every two hours the second; increase the interval as it grows older. By following these methods our results will be healthier babies, a lower mortality rate and the making of better citizens.

Denver, Colorado.





CONTRIBUTED



*DON'T "SWAT THE FLY."

BY J. W. HODGE, M. D.



SINCE THE ABSURD AND GROTESQUE GERM THEORY of the origin of disease came into vogue, the cat, the dog, the squirrel, the rat, the mouse and nearly every other domestic animal have each in turn been charged by the shallow minded, germ-crazed doctors of "scientific" medicine and their credulous and gullible dupes with the offense of being carriers of "disease-germs" and disseminators of disease among human beings. We have had the "plague squirrel," the "plague rat," the "yellow fever mosquitoes," and now we are "up against" the "typhoid fly" as the latest and the greatest bugaboo yet invented by the germ crazed medico-political cranks of "scientific" medicine.

A few years ago the war-cry of the germ-faddists was "swat the mosquitoes," just as "swat the fly" is their slogan today. At the present time the common house-fly, *musca domestica*, is described by the germ-crazed maniacs as the chief offender in the matter of carrying "disease-germs" and of spreading broadcast various diseases, notably typhoid fever, among the people, notwithstanding the fact that the house-fly has since time immemorable been a constant guest of every untidy household without having inflicted any appreciable injury upon its hosts. But, lo and behold! By some legerdemain of the presto-change medico-political tricksters the onetime harmless house fly has suddenly been transformed into man's most dangerous and deadly foe if we are to give credence to the blatant assertions of the noisy, panic-mongering mountebanks of "scientific" medicine. As time goes on the pestiferous bedbug will, no doubt, come in for a share of the blame which now rests solely upon the house fly, and we shall then have a "swat the bedbug" crusade by the fussy and sensational "bug doctors."

The house fly bugaboo is not only the latest but it is also the silliest and the most asinine fad that has ever seized the minds of a gullible and ignorant populace. This sense-

*First publication in any medical journal. Copy furnished by author; article published with his permission.

less fad is just now making the rounds of the shallow and sensational newspaper press and the commercialized medical press of the allopathic school of physic. On the market are to be found for sale numerous high priced vaccines, serums and antitoxins for the alleged prevention and the "sure cure" of every malady to which flesh is heir.

The gullible public must therefore be terrified into the insane belief that every house fly carries on its feet and wings the deadly germs of malignant diseases, and that those germs having been swallowed with one's food and drink induce fatal and dangerous maladies unless warded off by the various high-priced serums, vaccines and antitoxins, which medical fakirs have for sale in every drug shop. The panic-mongering subsidized newspaper press is wont to prostitute its columns to the base and ignoble trick of scaring its ignorant and gullible readers into buying these poisonous disease-imparting vaccines and serums for the benefit of the mercenaries who manufacture and sell these health-blighting animal poisons and for the benefit of purse-hungry doctors who prescribe them for their gullible clients.

Through the efforts of the venal and subsidized press the gullible public is being frightened into conniption fits because of the hypothetical danger of the common house fly, which is absurdly called the "typhoid fly" in order the more thoroughly to terrify the fool public into acquiescence. On the tongue of every mercenary medical alarmist is the slogan, "swat the fly."

The present idiotic crusade which is being frantically waged against the harmless house fly is a necessary outgrowth of a stupid belief in the doctors' "pipe dream" called the "germ theory" of disease, the silliest and most pernicious pathological doctrine ever evolved from the fuddled brainpan of a visionary medical theorist.

The lunk-headed newspaper editors who have lent themselves to the propagandism of the preposterous delusion persistently proclaim under big scare headlines that the house fly is the chiefest foe of humanity, because say they, he carries on his feet and wings the deadly germs of diseases whereby he infests healthy persons by depositing said "disease germs" in the food we eat, thus spreading disease, suffering and death in all directions.

The bold and baseless assertion that germs cause disease is utterly preposterous and wholly indefensible for the reason that it has never been conclusively proven in a single

instance that germs of any sort are the specific causative agents of any disease whatever, while there are many good and sufficient reasons for believing that germs are the *effect* and not the *cause* of disease, that they are scavengers which thrive and propagate in diseased tissues of the body.

Furthermore, it has never been demonstrated in a single instance that a house fly has been the carrier of the infective elements of disease, whatever those elements may be.

The germ theory of the origin of disease has no more substantial foundation in fact than the one time prevailing theory that diseases owed their origin to demoniacal possession of the human body. The germ theory of diseases is as baseless as the fabric of a sick man's dream.

It is a mere hypothesis which was evolved from the morbid imagination of visionary medical theorists in their futile efforts to explain the inexplicable secrets of nature. The fact that flies carry germs on their feet just as other insects is no valid reason for believing that germs are the *causa vera* of diseased conditions of the human body.

Even if it could be proven that so-called "disease germs" are the specific etiological factors in the production of infectious diseases, and that flies by carrying these germs on their feet transmit disease from the sick to the well, it would still be the height of folly, stupidity, and absurdity to "swat the fly" in the hope thereby of preventing the spread of disease. It is a well-attested fact that house flies are scavengers which have their habitat in unsanitary surroundings. They thrive and propagate under untidy and uncleanly surroundings. They are filth-eaters which subsist mainly upon refuse which they find scattered about. These pesky guests come around during the heated season for the purpose of cleaning up refuse which they find lying around the kitchens of untidy households. Filthy surroundings and mal-odorous smells from decomposing animal and vegetable matters are the principal attractions of house flies.

Just as the presence of carrion attracts vultures, turkey buzzards, and other birds of prey, so do foul smelling and filthy domiciliary premises attract house flies and supply them with sustenance and breeding haunts.

The presence of swarms of house flies in a household or elsewhere is unmistakable evidence of faulty house-keeping and unsanitary premises. By removing filth, refuse and loose food upon which house flies depend for sustenance, a

housekeeper can expel the house fly which will depart to other and more congenial quarters.

The rational and effective means whereby to eliminate these household pests is the cleaning-up process. Keep the household and surrounding premises sweet and clean and there will be no work for the house fly scavenger to do; but so long as there is filth, refuse, exposed food lying about the house fly is a necessary and useful scavenger whose mission it is to remove accumulations of filth. A house fly is a sanitarian. To engage in the stupid, cruel and senseless undertaking of "swatting the fly" while at the same time neglecting to clear away the baits which invite his presence is the height of folly and the very acme of inconsistency and asinine stupidity on the part of those persons who engage in such a quixotic enterprise. For the popular fool-slogan, "swat the fly," let householders substitute the rational and effective preventive measure of swatting the dirt and removing the filth which attract and feed the flies. I have never endorsed nor have I taken any part in the popular craze over swatting the fly. I regard the persons who are engaged in this fool movement as fit subjects for the services of an alienist.

To attempt to banish the house fly from filthy households is as senseless as it would be to drive buzzards and hyenas away from carrion.

So long as filth remains in courts, alleys or households the services of the insectal scavenger, known as the house fly, is as necessary as are the human scavengers who clean our streets and alleys of garbage and filth. What would be thought of the sanity of a person who should attempt to banish frogs and tadpoles from a marsh by swatting the frog?

The only rational and effective method whereby the frogs could be eliminated would be the draining of the marsh and the filling up of the frog ponds, which are the breeding haunts of those ranine amphibians.

It is amazing to see sane and civilized human beings of the twentieth century engaged in so senseless, cruel and futile an undertaking as the "swat the fly" movement has shown itself to be.

Previous to American occupancy the Island of Cuba and the city of Havana were hotbeds of filth, yellow fever and mosquitoes.

Visionary theorists and medical dogmatists did not hesitate to attribute the prevalence of yellow fever (a filth disease) to the prevalence of mosquitoes on the island. With that fool hypothesis as a basis a crusade in which "swat the mosquito" was the war cry that was inaugurated and carried on by the government at great expense. After having squandered hundreds of thousands of the people's money in this quixotic crusade against the "yellow fever mosquitoes" without any appreciable decrease in the yellow fever epidemic, our government next instituted a thorough system of sanitation by removing the accumulated filth from the streets of Havana, installing a thorough system of sewage, purifying the municipal water supply, abolishing many thousands of cesspools and putting the island and the City of Havana in a sanitary condition. Scarcely had this good work been accomplished when both yellow fever and mosquitoes simultaneously took their departure from the Island of Cuba, which is now one of the most salubrious and healthful islands in the world.

The filthy cesspools, filth-laden streets and general unsanitary condition in Havana previous to American occupancy had provided breeding places for yellow fever, typhoid fever and mosquitoes.

There is no more reason for believing that the mosquito had any more to do with the propagation of yellow fever than the house fly has to do with propagating typhoid fever.

These insects are merely concomitants of filth and filth-diseases and nothing more.

The discovery by the "bug doctors," that the mosquito was the cause of yellow fever and the house fly the carrier of typhoid fever is on a par with the brilliant discovery of that other genius who ascertained that the salt taste of sea water was due to the presence of codfish therein.

Great have been the achievements of "scientific" medicine and many are the human dupes who have been gulled and fleeced thereby.—*Niagara Falls, N. Y., U. S. A.*





WITH THE ASSOCIATE EDITOR



HOMŒOPATHY DECLINING.



OME YEARS AGO I met an old classmate, who, during a spirited conversation, said: "It will not be ten years until homœopathy will be an unknown quantity."

This caused some surprise and furnished a text for a further homily. I then learned that he had permitted himself to be persuaded into joining the A. M. A. This sealed his lips as to work on homœopathic lines; he was compelled to read literature other than homœopathic, and thus, before he realized, the change had taken place; he was out of gear with everything homœopathic, though, as a student he was a bundle of energy in the class on *materia medica*. It is strange how quickly children forget the breasts that gave them nutrition.

How different some things we read coming from afar. Dr. B. L. Arnulphy, Paris, France, in a brief address before the American Institute of Homœopathy at Pittsburg, 1912, said:

"I am desirous of saying a few words in connection with this important question (the value of homœopathy to the internist). To be very short, it will be simply relating a fact, but a fact which carries with it considerable meaning. Being located in Paris I saw cases of infectious diseases where the diagnosis was rather obscure. The authorities called in the best known men in the faculty of the University of Paris. They called in Prof. Tuffier. He came right to me and said: 'Doctor, we are not proceeding along the same lines, but I know you are an authority in the school of medicine which you profess, and I must say that I have a profound admiration for the principles of homœopathy and I am intensely sorry not to have had a chance to study it.'

"This shows what those who are opposed to our doctrines and those who are outspoken, not only in France but all over England, think of homœopathy. We are sure to be in the right. Let us stick to our far-reaching homœopathy, because, on the other side, there is absolutely nothing."

We are more than pleased to have Dr. Arnulphy speak

through those channels, for his remarks gather momentum as they travel.

Let us emphasize two very important statements. The Doctor says:

"We are SURE to be in the right."

"We place emphasis upon every word with a double line under *sure*.

"On the other side (allopathy), there is absolutely nothing."

Can you make this stronger? Think of the word "*absolutely!*" If there is *nothing*, absolutely NOTHING on the other side, and we are *sure* to be *right*, why are some "swapping" right for nothing?



THE SECOND PRESCRIPTION.

BY DR. J. TYLER KENT.

NOTE: *What perplexing problems we often meet in practice! How we crave, at times, the advice of a master mind! We are so often the victims of prejudice, over-confidence or ignorance, and our patients suffer in consequence of this. Could we but understand the intricate laws governing the inner man, disease, and remedies, how much more wisely might we adjust ourselves to the far-reaching problems which endanger the life of a father, a mother, a noble son or an affectionate daughter. We would not then, as is so often done, impede or pervert the action of a carefully selected remedy by our impatience to get results, or by our impetuosity in hastening certain conditions which will not be hastened, or by our ignorance in so quickly changing remedies before one of them has had time for definite action. To help us in this noble work we reproduce below a masterly paper by PROFESSOR J. T. KENT, read before the International Hahnemanian Association at Niagara Falls in 1888.*
—G. E. D.

WHAT IS MORE BEAUTIFUL to look upon than the bud during its hourly changes to the rose in its bloom. This evolution has so often come to my mind when patiently awaiting the return of symptoms after the first prescription has exhausted its curative power. The return symptom-image unfolds the knowledge by which we know whether the first prescription was the specific or the palliative, *i. e.*,

we may know whether the remedy was deep enough to cure all the deranged vital wrong or simply a superficial acting remedy, only able to sustain a temporary effect. The many things learned by the action of the first remedy determine the kind of demand made upon the physician for the second prescription.

Many problems come up to be solved that must be solved, or failure may follow.

How long shall I watch and wait? is a question frequently asked but seldom answered. Is the remedy still acting? Is the vital reaction still affected by the impulse of the remedy? If the symptoms are returning how long shall they be watched before it is necessary to act or give medicine? Is the disease acute or chronic? Why is the second prescription so much more difficult than the first? Why is it that so many patients are benefited when first going to the physician and thereafter derive no benefit?

I presume that most good prescribers will say, we have often acted too soon, but never waited too long. Many physicians fail because of not waiting, and yet the waiting must be governed by knowledge. Knowledge must be had, but where can it be obtained? To know that this waiting is right is quite different from waiting without a fixed purpose. This knowledge can not be found where its existence is denied; it is not found with unbelievers and agnostics.

When the first prescription has been made and the remedy has been similar enough to change the existing image we have but to wait for results. The manner of change taking place in the totality of symptoms means everything, yet the manner of the return of the image, provided it has disappeared, means more.

First: If aggravation of symptoms follow.

Second: If amelioration of symptoms follow.

Aggravation of existing symptoms may come on with general improvement of the patient, which means well; but if aggravation of the symptoms is attended with decline of the patient the cure is doubtful and the case must be handled with extreme care as it is seldom that such patients recover perfectly.

If amelioration follow the prescription, to what does the amelioration apply? It may apply to the general state or but to the few symptoms. If the patient does not feel the elasticity of life returning, the improved symptoms are the facts upon which to doubt recovery. The knowledge that

the disease is incurable is often obtained only in this way. In such cases every remedy may palliate his sufferings, but cure does not come. The symptoms that are the expressions of the debility are there, and hence the totality of the symptoms is not removed.

After the curative impulse has entirely subsided, the symptoms will appear one by one, falling into place to arrange an image of the disease before the intelligent physician for the purpose of cure. If the first prescription has been continuously given, there has been but little if any chance of a pure returning image of the disease, therefore this image must be very unreliable. When the remedy has been fully exhausted, then, and only then, can we trust the symptoms constituting the picture.

If the first prescription was the simillimum the symptoms will return—when they return—asking for the same remedy. Too often the remedy has been only similar enough to the superficial symptoms to change the totality and the image comes back changed, therefore, looking like the image of another remedy, which must always be regarded as a misfortune by which the case is sometimes spoiled, and the hand of the master may fail to correct the wrong done. Whenever the symptoms return in the same image, calling for the same remedy, then it is that we have demonstrated, that for a time, if the disease be chronic, we have but to commend the range of dynamics to cure this case. This rule is almost free from exceptions if the remedy is an antipsoric. What must the physician do who has not the knowledge of dynamic medicines? He must sometime see sick images come back without change of symptoms, though I believe it is seldom. The symptoms may call for phosphorus as strongly as when he began, and phosphorus 6-x has served and no longer cures. What can he do but change his remedy? Can it be possible that man can be so ignorant of how to cure as to give a drug that is not indicated because the one that is indicated does not cure? These ignorant mortals condemn the system of homœopathy and feel that they have performed their duty to the sick, forgetting that ignorance was the culprit. I have observed in cases where a low potency had been administered in frequently repeated doses that some time must elapse before a perfect action will follow the higher potency; but where the dose had not been repeated after its action was first observed the new and higher potency will act promptly.

When the symptoms come back after prudent waiting,

unchanged, the selection was correct, and if the same potency fail to act a higher one will generally do so quite promptly, as did the lower one at first. When the picture comes back unchanged only by the absence of some one or more symptoms the remedy should never be changed until a still higher potency has been fully tested, as no harm can come to the case from giving a single dose of a medicine that has exhausted its curative powers. It is even negligence not to do such a thing.

When the demonstration is clear that the present remedy has done all it is capable of doing, and this demonstration can not be made until much higher potencies than usually made have been tried, then the time is present for the next prescription. To change to the next remedy becomes a ponderous problem, and what shall it be? The last appearing symptom shall be the guide to the next remedy. This is so whenever the image has been permitted to settle by watching and waiting for the shaping of the returning symptom-picture. Long have I waited after exhausting the power of a remedy, while observing a few of the old symptoms returning, finally a new symptom appears.. This latest symptom will appear in the anamnesis as best related to some medicine having it as a characteristic which will most likely have all the rest of the symptoms. It is not supposed that this latter appearing symptom is an old symptom on its way to final departure, for so long as old symptoms come back and go, it is granted that no medicine is to be thought of.

It is an error to think of a medicine when a symptom-image is changing; the physician must wait for permanency or firmness in the relations of the image before making a prescription. Some say, "I must give the patient medicine or he will go and see some one else." I have only to say that it were better had all sick folks gone somewhere else, for these doctors seldom cure but often complicate the sickness.

The acute expressions of a chronic disease have a different management from the acute disease, *e. g.*, a child suffers from bronchitis every change of weather, and may grow worse if treated with the remedy for the acute symptoms. The miasm that predisposes the child to recurrent attacks must be considered. One recently under my care had received antimonium tart., calcarea, sulphur, lycopodium, etc., in such indiscriminate confusion that the child was not

cured. The waiting on sac. lac. through several attacks permitted the drugs to pass off and the true image of the sickness was permitted to express itself through several of the exacerbations taken as a whole. When western ague is complicated with a miasm a single paroxysm does not fully express the totality, but several must be grouped and the true image will be discovered. If the acute disease be complicated with a miasm, the indicated remedy will wipe it out "cito, tuto et jucunde."

(To be continued.)



NO DANGER OF MEDICAL TYRANNY?" We are told that there is no effort whatever to tyrannize any one. This is *the* land of *liberty*, where any citizen is free to act within the law. This is true, and the truth would shine the brighter if efforts were not made to minimize this liberty by pernicious laws.

Laws are not always made for the good of the *people*; they are sometimes made for the advantage of a few at the expense of many, and made, too, by men who are sworn to do all in their power for the good of the people. There seems to be an insatiable thirst, in certain quarters, for political power for the advantage of a few to the detriment of many.

The following from *Medical Freedom*, printed in the *Homoeopathic Envoy*, is evidence of facts just stated:

NO DANGER OF MEDICAL TYRANNY.

During the past year a woman in New York was tried for homicide for "allowing her daughter to die of diphtheria without administering anti-toxin."

A man in New Jersey, several of whose family died of vaccination or of smallpox after being vaccinated, was arrested for "disorderly conduct" for taking his children out of school rather than let them be vaccinated.

In New York a man was convicted for breaking the state laws because he gave treatment (not allopathic) to a woman detective feigning illness, who was employed by the county medical society.

In St. Louis a woman was arrested under the same conditions and stripped and searched like a common criminal.

In the navy 200 middies on the battleship Vermont were put in irons and forcibly compelled to submit to antityphoid vaccination.

The school boards are rapidly adopting compulsory examination of school children by state paid doctors (allopathic) and now it is demanded that compulsory treatment shall complement compulsory inspection.

In New Orleans, Louisiana, a man was indicted for manslaughter because his child died of diphtheria without the orthodox medical treatment.

Young and healthy men in the navy have been sent to prison and dishonorably discharged for refusing to permit the allopathic doctors of the service to inject typhoid serum into their healthy bodies.

And yet we are told that there is "no movement looking to the abridgement of the right of the citizen to select the method or practitioner of his choice" and that "state medicine is a phantom."—*Medical Freedom*.



THE FOLLOWING from the January number of *Homœopathic Envoy* deserves repetition. We give it in full:

IS YOUR BODY YOUR OWN? "What a foolish question!" you reply. Is it? Not today, when the allopathic medical profession as an organized body is bent on forcibly "protecting the people." When the Anglo-Saxon race in England were engaged in a desperate fight for the right to their own bodies against the assumed right of the allopathic doctors to vaccinate, and otherwise rule them, as they saw fit, the London *Times* editorially commented, reflecting the opinions of the dominant doctors. "Such people claim a proprietorship of their own bodies!" Is it not a "foolish question" when the most powerful journal in the world will print such sentiment? It is not to be denied that medical supervision is capable of a limited amount of good, but the principle of domination behind its demands today heads back into the dark ages when the people were ordered to do this, or not do that, as their officials thought fit. If these officials were always the wisest and best of the country this would be a good form of government, for the people are none too wise, but where office generally goes by favor and scheming or appeals to passion, such a government is not safe, and against such a government men have fought for centuries. A medical rule such as is sought that would authorize a doctor to enter your home at will and order you about violates two fundamentals of the English race—that his home is his castle, and Blackstone's principle that a human being has the right to his own body.



The Homœopathic Medical Society of Chester County held its bi-monthly meeting at the Green Tree Inn, West Chester, Pa., on Thursday afternoon, Feb. 6th, 1913. The session began as usual with a dinner at the hotel, after which an informal business meeting was held, Dr. Howard Terry, of Phoenixville, presiding. The meeting was largely devoted to formulating plans for the new hospital, and encouraging reports were heard relative to subscriptions received for the project.

Committees were appointed to secure plans for remodeling the "Warrington Mansion," recently purchased by the hospital board, and for purchasing furniture and medical supplies for the hospital. They will take possession of the property on April 1st, and will at once proceed to remodel the dwelling.

Physicians from Malvern, Downingtown, Kennett Square, Phoenixville and West Chester were present at the meeting.

The Homœopathic Medical Society of New Castle County held its bi-annual banquet at the Hotel du Port, Wilmington, Delaware, Friday evening, Jan. 31st, 1913. Those responding to toasts were: Doctor Wm. B. Van Lennepe, Dean, Hahnemann Medical College, Philadelphia; Doctor S. W. Sappington, Philadelphia; Doctor D. P. Maddux, Chester, Pa.; Hon. Robt. H. Richards, Wilmington, Del., and Doctor Wm. W. Speakman, Philadelphia. There were a large number present at the banquet and a delightful time was had by those present.

JULIAN ADAIR, M. D., Secretary



EDITORIAL SECTION



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Do not send us material for publication written on both sides of the paper. Write plainly, spell correctly, be particular about capitalization and punctuation.

The Editor will be in no way responsible for the opinions expressed by individual contributors.



DENVER PREPARING FOR THE INSTITUTE. All homœopathic physicians in the United States and Canada should be interested in the coming meeting in Denver of the American Institute of Homœopathy. The committee is now busy on the details of entertainment and is making large preparation to show all the visiting doctors and their families a royally good time.

Denver is a beautiful city with many attractive environs, and in addition has the best summer climate in America. With the snow-capped mountains affording a constant delight to the eye, and the imagination, and the rushing, roaring streams, teeming with the gamiest fresh water fish, and the hundreds of varieties of beautiful flowers, and scenic grandeur not equalled anywhere else—Denver surely should be the objective point for the summer's vacation.

The committee is making all arrangements to give the visitors the best time ever experienced. They are planning mountain trips by auto and train, and working out every detail that will add to the pleasure and profit of the visitors. It is perhaps a bit incongruous to be planning where to go to be cool while we are so vigorously shoveling coal as at this time, but even this early we can begin to think of those scorching hot July days and the insufferable nights. So the cool breezes of Colorado, with nights so cool that blankets must be used, is a big oasis in the long enervating summer.

You should plan to attend this session of the A. I. H.

even if you are not a member. It will do you good to rub elbows with the other fellow and get the moss off your back and the cobwebs off your brain. If you are a member you surely must be on hand for this will be the biggest and best meeting ever enjoyed by the Institute. S.



COMPULSORY MEDICINE MADNESS. If any one doubts the determination of the dominant school to force compulsory medicine upon the public, one has only to observe the means employed in the endeavor of the A. M. A. to bring about just such a state of affairs. Denver has had Dr. Wiley recently in a short talk concerning "pure food," but that feature of the address cut so little figure in the free outpouring of supposed scientific information one wonders why it was mentioned in connection with the canvass at all. If Dr. Wiley really believed one-tenth of what he said in his lecture he has been given credit with a great deal more intelligence than he really possesses. His Denver talk, however, did not compare with the willful misrepresentations recorded against him in an address, delivered in Dayton, Ohio, October 29th, 1912. Complimenting the health officer of Indiana upon the excellent showing made in the prevention of disease with a paltry little \$100,000 appropriation, he is said to have declared: "*There has not been a death from diphtheria in Indiana for the last four years.*"

Fortunately for the dear public at all inclined to investigate statements of this sort, there is a careful "check" upon this brand of buncomb, in the form of a state board statistical report. This Indiana board is unsympathetic enough to have declared there were 338 deaths from this disease in 1909, 381 in 1910, 343 in 1911, and 151 deaths the first eight months of 1912. The grand total from this disease, in the time mentioned by Dr. Wiley, was 1213 deaths and the mere fact of there having been a very marked increase during the "last four years" over the two years preceding this period would naturally lead one to suspect the serum "supplied at all time" by the Indiana board of health, was about as reliable as the statistics furnished "any old time" by Dr. Wiley, *et al*, in their misrepresentation of medical memoranda as managed by the American Medical Association.

RE-CONVENTION PLANS. Thirteen members of general arrangements committee for the forthcoming meeting of the American Institute of Homœopathy, assembled at the New Albany Hotel, Thursday evening, February 13th, and discussed plans pertaining to the contemplated event. The liberal demonstration of the hoodoo number thirteen in this article should have nothing whatever to do with the result of the meeting next July, as every person present predicted and planned success for the same in proportion to its importance as an assemblage of scientific physicians.

The chairman of the committee has arranged for a meeting each week and by the time the event takes place plans and specifications for one of the very best meetings in the history of this organization will have been perfected and placed upon an active working basis.

By next month we hope to outline some of the features under contemplation at the present time; one thing may be relied upon, however, and that is: no effort will be spared by those in charge whereby the success of the meeting or the pleasure of those attending will be jeopardized in any way.

THE CRITIQUE looks forward to a bumper meeting from a standpoint of attendance and a still larger demonstration in the matter of enjoyable entertainment and scientific profit.



MISCELLANEOUS

At a recent meeting of the Omaha Homœopathic Medical Society, Dr. A. P. Hanchett was elected Vice-President.

* * * *

Medical Century and THE CRITIQUE must be twins. They both bear witness to Vol. XX, No. 3, for the March issue.

* * * *

The date of meeting of the American Institute of Homœopathy, in Denver, has been set for July 7th, unless some change is considered necessary.

* * * *

We are indebted to Dr. J. B. S. King, of Chicago, for several clippings concerning subjects in which we are particularly interested at the present time. Thanks.

* * * *

The indebtedness of the Maryland Homœopathic Hospital has been reduced from six thousand dollars to one-third that amount, all within the past six months. Going some?

* * * *

According to the *Hospital Leaflet*, forty chickens, baked in savory pies, were consumed at a dinner given by the Rochester, N. Y., Homœopathic Hospital, last New Year's day. Oh, you chicken!

* * * *

"Prominent social workers" worked the secular press so successfully as to secure unlimited space for the American Medical Association's concerted crusade for a combined effort to make it appear that President Wilson was perfectly unconscious concerning the combination whose sole ambition is to establish a "bureau of health."

* * * *

The *Journal of the American Institute of Homeopathy*, January issue, in referring to "Denver, July 6-12, 1913," among other things more or less applicable to the situation, "J. W. Mastin, of the *Clinique*," etc., etc., and so forth. As Kraft used to say, it is bad enough to appear in the list of killed without having your name mis-spelled.

* * * *

Denver churches are being used to promote the interests of the American Medical Association and its members. Dr. Wetherill spoke in Unity Church, Sunday, February 2nd; the burden of his song showed Christian Science and the National League for Medical Freedom, some one being bruised by both organizations.

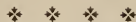
* * * *

We are indebted to the secretary of the Connecticut Homœopathic Medical Society for a copy of "Transactions" of the 1912 session of that association, held at Hartford, May 21st. This society was organized in 1851 and incorporated 1864. A casual perusal of the proceedings is sufficient to convince one of the homœopathy of the Connecticut contingent.

* * * *

The secular press credits Dr. Wiley with saying: "There has not been a death from diphtheria in Indiana for the past four year." The health bulletins from that state show 338 deaths in 1909, 381 in 1910, 343 in 1911, and during the first eight months of 1912, 151 deaths. This

makes either Dr. Wiley or the Indiana State Board of Health liars of the first water.



Dr. Gabriel Thornhill, Paris, Texas, is having a slight skirmish with the health authorities of his town over the question of compulsory vaccination. As a weapon of defense he uses the arguments of Dr. J. W. Hodge and Dr. James Tyler Kent in support of his opposition to this time tried, and too-often too-sad-to-relate failure in times of trouble of similar nature.



Dr. A. E. Smith, Freeport, Ill., announces the removal of his offices from the Munn building, 129 Stephenson street, to more commodious, better lighted and ventilated quarters at 126 Stephenson street, second floor, over Second National Bank. Easy approach to office by way of the stairs at the Stephenson street entrance, or the elevator from the Van Buren street entrance.



DIABETES-MELLITUS.

I am undertaking an exhaustive research into the pathology, etiology and dieto-therapy of diabetes mellitus. I am very anxious to hear from every physician in the United States who has a case under treatment, or who has had any experience in the treatment of this malady. Von Noorden says "the best treatment for the diabetic is the *food* containing the *greatest* amount of *starch* which the patient can bear without harm." If any physician who reads this has similar or contrary experience, and would take the trouble to write me, I would esteem it a special privilege to hear from him, if only a postal card. Kindly address, William E. Fitch, M. D., 355 W. 145 St., New York City.



PENNSYLVANIA STATE NOTES FOR MARCH, 1913.

The Homœopathic Medical Society of the County of Philadelphia held its regular monthly meeting at Hahnemann Medical College, Thursday evening, Jan. 9th, 1913, at 8:30 p. m. The scientific program consisted of the following:

"A Possible Factor in the Causation of Cancer," Horace Packard, M. D., Boston.

"Gastric Surgery," Robert V. White, M. D. Scranton, Pa.

There was a full attendance of members, and great interest was shown at the meeting. WM. M. SYLVIS, M. D., Secretary.

The Clinico Pathologic Society of Philadelphia held its regular monthly meeting at Hahnemann College, Saturday evening, Jan. 18th, 1913, at 8:30 p. m. The papers read were as follows:

"Bowel Obstruction Due to Meckel's Divesticulum," C. Albert Bigler, Jr., M. D.,

"A Case of Recurrent Pneumonia," W. R. Williams, M. D.

"Fracture of Larynx," F. W. Smith, M. D.

BENJ. K. FLETCHER, M. D., Secretary.

These papers were well presented and proved to be a very interesting feature of the meeting. A discussion of clinical cases was entered into and was thoroughly enjoyed by those present, after which the election of officers took place.

The Germantown Homœopathic Medical Society held its regular monthly meeting at the "Majestic," Broad and Girard avenue, on Monday evening, Jan. 20th, 1913, at 9 p. m. A hearty discussion on many interesting topics was entered into by those present, after which the

election of officers took place. Those nominated were: President, Dr. F. L. Abbott; Vice President, Dr. E. M. Howard, Dr. D. Roman and Dr. H. S. Weaver; Recording Secretary, Dr. W. C. Baker; Corresponding Secretary, Dr. L. W. Thompson; Treasurer, Dr. I. B. Gilbert; Judiciary Committee, Drs. W. H. Keim, W. Speakman, T. J. Gramm, J. A. Fisher, C. M. Brooks, W. L. Hicks and N. S. Betts; Censors, Drs. N. F. Lane, E. F. Humphreys, L. W. Reading, W. C. Powell and G. P. Stubbs. The meeting was full of interest and was well attended.

LANDRETH W. THOMPSON, M. D., Secretary.

The Homœopathic Medical Society of Chester, Delaware and Montgomery Counties held its mid-winter meeting at the Colonnade Hotel, Philadelphia, Tuesday, Feb. 11th, 1913, at 1 p. m. Luncheon was served at 1:30 p. m. The addresses consisted of the following:

"Progressive Co-ordination of the Mind and Body," from a physical standpoint, demonstrated by a series of muscular movements, Carlton B. Sanford, Physical Director Y. M. C. A., Chester, Pa.

"Heart Aneurism," illustrated cases, by Prof. Wm. Rendell, M. D., Philadelphia, Pa.

Professor Herbert L. Northrop, M. D., of Philadelphia, opened the discussion of "Aneurism," with presentation of a case. The meeting was an interesting one, and was attended by a large number of members.

ISAAC CROWTHER, M. D., Secretary.

The Women's Homœopathic Medical Association of Pittsburg, Pa., held its regular monthly meeting at the office of Dr. Ella D. Goff, 204 E. North avenue N. S., Pittsburg, on Thursday evening, Feb. 6th, 1913, at 8 p. m. The scientific program consisted of the following:

"Clinical Scarlet Fever," Ella D. Goff, M. D.

"Acute Affections of the Ear," Lydia B. Pierce, M. D.

The meeting was a very interesting one, and a very enjoyable time was had by those present.

MARY E. COFFIN, M. D., Secretary.

The Philadelphia Society for Clinical Research held its regular monthly meeting at the "Majestic," Broad and Girard avenue, on Monday evening, Jan. 27th, 1913, at 9 p. m. A report of a clinical case from each member made the meeting a most interesting one. The meeting was thoroughly enjoyed by a large number of members who were present.

PERCY A. TINDALL, M. D., Secretary.

The Hahnemannian Institute held its regular monthly meeting on Wednesday evening, Jan. 15th, 1913, at 8 p. m. Great interest was shown at the meeting, the subject for discussion being "Medical Ethics." There were a large number of members present and the meeting proved to be a very enjoyable one.

GEORGE W. STEWART, M. D., Secretary.

PERSONAL. Dr. Julian Gould Waylan announces her removal March 1st, 1913, to Glenn Hall, Wernersville, Pa., as resident physician.

OBITUARY. DOCTOR JOHN H. YEAGLEY, sixty years old, one of York's prominent physician, died Tuesday afternoon, Dec. 17th, 1912. He was stricken one week previous with pneumonia. Doctor Yeagley was educated at University College, Coburg, Canada, and Hahnemann Medical College, Philadelphia. He leaves a widow and three children.

DOCTOR RICHARD ALLEN died at his home, 1405 Oxford street, Frankford, Pa., after an operation for organic trouble. He was eighty-four years old. Doctor Allen was a graduate of Hahnemann College, and began the practice of his profession in Frankford when he was twenty-one years old. He is survived by a widow and three daughters.

STATE BOARD OF MEDICAL EDUCATION AND LICENSURE.—Herewith follows a list of the examination questions given by the Pennsylvania State Board of Medical Education and Licensure, held at Philadelphia in De-

ember last. The members of the board are open to any criticism which the editors of the various medical journals or practitioners of medicine care to give:

Physiology, Pathology, Bacteriology.

1. State what an examination of the blood would elicit in (a) anaemias (primary, secondary and pernicious), and (b) leukaemia; give in detail the technique in making the blood examination for these conditions.

2. Give a case of broncho pneumonia (catarrhal pneumonia), detail the local conditions, the etiology (in cases where the progress is infectious), and state the effect on the normal functions of the lungs and metabolism.

3. Give a case of acute parenchymatous nephritis; name the pathological conditions present in the kidneys, and state how these conditions would interfere with the normal functions of the kidneys. Name the abnormal organic constituents that might be found in the urine in this disease.

4. Describe any one lesion of the liver, showing how this lesion interferes with the normal functions of the liver, and the effect of such interference upon the digestion.

5. Describe the lesions in tabes dorsalis (locomotor ataxia) giving the usual cause, and show how this lesion interferes with the normal functions of the cord.

6. Name two of the more usual diseases that may have as sequelae endocarditis, resulting in an organic heart lesion; show how in the case of any one such organic heart lesion the normal functions of the heart may be interfered with.

7. Name and describe two pathological lesions which may have as a symptom haematemesis. What information might an examination of the stomach contents give in differentiating the above conditions?

8. Differentiate as far as possible typhoid fever from appendicitis by means of laboratory tests.

9. In carcinoma of the tongue name the usual variety. Describe its gross and its microscopical appearance and give the avenue and usual point of metastasis.

10. In severe ulceration of the cornea, what changes may occur in the structures involved and what disturbed function may be permanent? Name three micro-organisms most frequently found, and outline a method of detecting and differentiating them.

Diagnosis, Symptomatology, Medical Jurisprudence and Toxicology.

1. Enumerate the symptoms and give the prognosis of cerebro-spinal meningitis (spotted fever) in a child; differentiate this disease from tubercular meningitis.

2. Enumerate the symptoms of chronic interstitial nephritis; differentiate it from diabetes insipidus.

3. Enumerate the symptoms of cancer of the pylorus; differentiate it from two other diseases of this region, which may simulate it.

4. Enumerate the symptoms diagnostic of acute inflammatory rheumatism; differentiate it from tubercular joint disease.

5. Enumerate the typical symptoms of inherited syphilis: (a) symptoms at birth, (b) early symptoms after birth, (c) later symptoms.

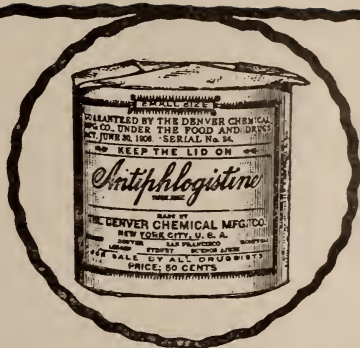
6. Enumerate the symptoms of herpes zoster (shingles) and differentiate it from pemphigus.

7. Enumerate the symptoms of epidemic parotitis (mumps), name the complications and sequelae, and differentiate it from one other condition, which may resemble it.

8. State the symptoms of lead poisoning, and differentiate it from alcoholic paralysis.

9. Differentiate toxemias of septicemia and uremia.

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10. State briefly from a legal standpoint (American law), (a) what constitutes rape, (b) what constitutes indecent assault.

Gynecology and Obstetrics, Hygiene and Preventive Medicine.

1. What are the dangers of abortion (criminal, during the first three months); in case of such abortion how may these dangers be overcome?

2. Given a pregnant woman (the first three months) of doubtful intra-uterine (normal) or extra-uterine origin, describe in detail how you would determine the correct diagnosis; in case it proved to be extra-uterine pregnancy, how would you treat the case? (omit descriptions of operations).

3. Should you be called upon to deliver a woman at full term of pregnancy, discuss the status of the use of the vaginal douche, the use of an anesthetic and the use of ergot.

4. Should a woman with a deformed pelvis (early in pregnancy) engage your services, by what various means might you aim to secure her a living child? In each instance (method), what would be the limits of measurements of the conjugate-vera (true)?

5. If a woman in labor should suddenly develop the symptoms of collapse or shock, name three causes which may be responsible for the condition. How would you recognize the one present, and how would you manage the case in event of each of the three causes? (omit description of operation).

6. How would you deduce the presence of uterine cancer: (a) early, (b) late in a patient? State the various methods of treatment. (Omit descriptions of operations.)

7. What dangers may threaten the eyes of a new born infant? Discuss prophylaxis and treatment in such a case.

8. Given a room just vacated by a person suffering from a serious infectious disease, by what methods would you treat the room, and how soon would you allow the room to be occupied? Describe the method in detail.

9. Should a house become contaminated with sewer gas, what are the dangers to inmates? What steps would free the house from the gas? Detail the means of preventing its re-contamination.

10. What dangers attend the proximity of stables to dwellings? How are these dangers guarded against? What methods should attend the disposal of the manure?

Anatomy and Surgery.

1. What are hemorrhoids? State varieties and the blood vessels involved in each. Outline two methods for the cure of hemorrhoids.

2. In fractures of the clavicle, state the anatomical reasons for the displacements of the fragments.

3. Enumerate the injuries that might be received from a fall upon the outstretched hand; outline the treatment of any two forms selected.

4. Enumerate the various forms of abdominal herniae; outline the technique for the correction of any one form, giving the surgical anatomy of part selected.

5. State the conditions that might require trephining the skull; outline the technique of this operation.

6. In the case of collections of fluids within the chest; outline two surgical methods for relief, with reasons for selecting each.

7. What are the early symptoms of hip joint disease? And what is their anatomical explanation?

8. Outline two methods for the cure of ulcer of the leg. State conditions that tend to aggravate or perpetuate ulcer of the leg.

9. Describe the ambulatory treatment of a sprained ankle.

10. Enumerate the various forms of fracture that might occur at or

about the elbow joint; state the appropriate splints for three of the more usual forms of these fractures, with reasons for selecting each.

Chemistry.

1. a. Give the chemistry involved in the digestion of fats in the intestinal tract.
 - b. What is a fixed oil?
 - c. What is a volatile oil?
 - d. What is a glucoside?
 - e. What are ptomaines?
2. a. What is iodine?
 - b. From what source is it obtained?
 - c. Describe its physical appearance.
 - d. In the secretion of what gland of the human body is it found?
 - e. Describe a test indicating its presence in any medium.
3. a. What is the composition of the atmosphere?
 - b. Give the average per cent of each component ingredient.
 - c. How is that state of equilibrium maintained?
 - d. What would be the effect on human life confined in an atmosphere containing 15 per cent of carbon dioxide?
 - e. How may carbon dioxide be detected in expired air.
4. Give a chemical antidote for the following substances:
 - a. Morphine.
 - b. Nitric acid.
 - c. Ammonia water.
 - d. Arsenic.
 - e. Oxalic acid.
5. Name and make diagrams of five different crystalline substances that may occur in urine.

Therapeutics.

1. Give the average dose for adults and at least one therapeutic application of the following official preparations:
 - a. Liquor Arseni et Hydrargyri Iodidi.
 - b. Liquor Ammonii Acetatis.
 - c. Liquor Iodi Compositus.
 - d. Liquor Potassii Arsenitis.
 - e. Liquor Potassii Hydroxidi.
2. Write two prescriptions in the Metric System, each containing 120 C C. Select only official or National Formulary remedies:

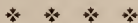
Prescription No. 1, to meet the needs of a case of atonic dyspepsia.

Prescription No. 2, a hypnotic for a case of delirium tremens. Give full directions as to dosage and frequency of administration.
3. Give the official name, together with dose, of two drugs of each of the following classes:
 - a. Anodynes.
 - b. Expectorants.
 - c. Heart stimulants.
 - d. Alkaline Laxatives.
 - e. Emetics.
4. Outline the treatment you would employ in a case of acute articular rheumatism, covering every symptom, which in your opinion should receive attention.
5. Give the sources of the following remedies and describe their therapeutic action:
 - a. Cantharis.
 - b. Apomorphinae Hydrochloridum.
 - c. Fel Bovis.
 - d. Oleum Morrhuæ.
 - e. Hexamethylenamina.

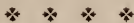
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VAGINAL DISCHARGES. In many instances vaginal discharges persist for the reason that no energetic local measures are taken to combat the causative condition. Thus, in vaginitis, of either specific or non-specific origin, if local applications in the form of tampons soaked in an antiseptic solution of positive value were employed in a systematic manner, relief would follow. In this connection the more than ordinary value of ECTHOL (Battle) in vaginal discharges may be mentioned. In vaginitis, used on tampons, it exerts its germicidal influence on the causative organisms and brings about a gratifying relief from the annoying features accompanying the vaginitis. ECTHOL will also be found of much service in cervical erosions.



PURE HONEY. (B. & T.) Pure Honey is another of the side lines taken up by Boericke & Tafel. The variation in the quality of pure honey is due to the flowers and blossoms that prevail in a given region and they think they have found about the most palatable and best flavored honey. It is all strained and put up in bottles. Pure, of course. Honey is a very nourishing, gently laxative and with good bread and butter, a food fit for the gods. Pythagorus, they say, had an idea that it prolonged life; he lived on it chiefly and passed in the nineties before he died.

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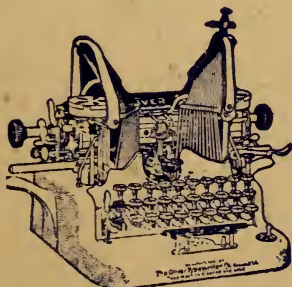
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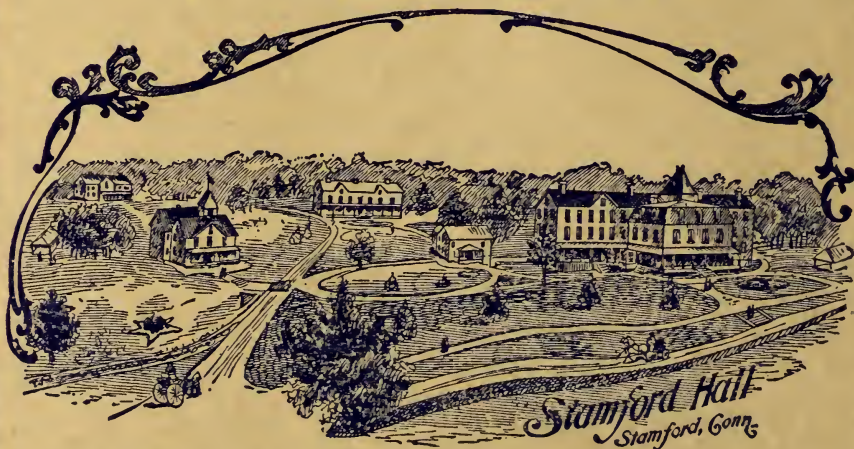
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